

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

HCA INC. GOOD GOVERNMENT FUND

ADDRESS (number and street) ▼

PO BOX 550

ONE PARK PLAZA

☐ Check if different than previously reported. (ACC)

NASHVILLE

TN

37203

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00067231

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

**4. TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☒ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
08 01 2015

through

M M M / D D D / Y Y Y Y Y Y  
08 31 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer David Anderson

Signature of Treasurer

David Anderson

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
09 15 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

HCA INC. GOOD GOVERNMENT FUND

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
08 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y  
08 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2015</span>		<span style="border: 1px solid black; padding: 2px;">487213.15</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">360760.10</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">132669.16</span>	<span style="border: 1px solid black; padding: 2px;">148336.62</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">493429.26</span>	<span style="border: 1px solid black; padding: 2px;">635549.77</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">11250.00</span>	<span style="border: 1px solid black; padding: 2px;">153370.51</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">482179.26</span>	<span style="border: 1px solid black; padding: 2px;">482179.26</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

HCA INC. GOOD GOVERNMENT FUND

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
08 01 2015

To:

M M / D D / Y Y Y Y Y  
08 31 2015
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

84571.66

95492.48

(ii) Unitemized .....

48097.50

52844.14

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

132669.16

148336.62

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

132669.16

148336.62

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ▶

132669.16

148336.62

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

132669.16

148336.62

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	4620.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	4620.51
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8000.00	145500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	1250.00	1250.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	1250.00	1250.00
29. Other Disbursements .....	2000.00	2000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	11250.00	153370.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11250.00	153370.51

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	132669.16	148336.62
34. Total Contribution Refunds (from Line 28(d)) .....	1250.00	1250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	131419.16	147086.62
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	4620.51
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	4620.51

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 6 OF 63

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Michael Abbott**

Mailing Address 1900 Electric Rd

City  
SalemState  
VAZip Code  
24153FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lewis-Gale Medical Center

Occupation

VP Oncology Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	27	/	2015

Transaction ID : SA11AI.32591

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Erol Akdamar**Mailing Address 6565 N MacArthur Blvd  
Ste 350City  
IrvingState  
TXZip Code  
75039FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCA N TX DIV

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	21	/	2015

Transaction ID : SA11AI.32344

Amount of Each Receipt this Period

1200.00

Full Name (Last, First, Middle Initial)

**C. Dale Alward**

Mailing Address 13832 Long Lake Ln

City  
Pt. CharlotteState  
FLZip Code  
33953FEC ID number of contributing  
federal political committee.

C

Name of Employer

Englewood Community Hosp

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	21	/	2015

Transaction ID : SA11AI.32311

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)..... ►

2450.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 63  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

## **A. Debra Anglemyer**

Mailing Address 401 NW 42 Ave

City State Zip Code  
 Plantation FL 33317

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Plantation General

Occupation

CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 18 / 2015

Transaction ID : SA11AI.31861

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

## **B. Jeff Ardemagni**

Mailing Address 8728 Trailwood Ct

City State Zip Code  
 Keller TX 76248

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medical Center of Arlington

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 21 / 2015

Transaction ID : SA11AI.32187

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Shawn Armontrout**

Mailing Address 11201 Rolling Hills Blvd

City State Zip Code  
 Folsom LA 70437

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lakeview Regional Med Ctr

Occupation

CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 21 / 2015

Transaction ID : SA11AI.32074

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Deidre Arnold**

Mailing Address 11013 Turtle Creek Ln

City State Zip Code  
 Frisco TX 75035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Green Oaks Hospital

Occupation  
 CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 21 / 2015

**Transaction ID : SA11AI.32018**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Patrick Avila**

Mailing Address 1121 Crimson Lane

City State Zip Code  
 Liberty MO 64068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Lee's Summit Med Ctr

Occupation  
 Assoc Admin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 27 / 2015

**Transaction ID : SA11AI.32503**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Jeffrey Baiocco**

Mailing Address 6568 E Middle Fork Rd

City State Zip Code  
 Idaho Falls ID 83406

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Eastern Idaho Reg Med Ctr

Occupation  
 CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 18 / 2015

**Transaction ID : SA11AI.31948**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

## **A. Janice Balzano**

Mailing Address 4801 Gulf Blvd #406

City

St Pete Beach

State

FL

Zip Code

33706

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St Petersburg Gen Hosp

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 27 / 2015

Transaction ID : SA11AI.32510

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

## **B. Sharon Barbarin**

Mailing Address 2215 Alisa Lane

City

Trophy Club

State

TX

Zip Code

76262

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medical Ctr Lewisville

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 21 / 2015

Transaction ID : SA11AI.32090

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. John Barnhart**

Mailing Address 8200 Kiawah Trace

City

PSL

State

FL

Zip Code

34986

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St Lucie Med Ctr

Occupation

COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 21 / 2015

Transaction ID : SA11AI.32175

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Jon Bartlett**

Mailing Address 6850 Fairway Ridge Road

City State Zip Code  
 Salem VA 24153

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LewisGale Med Ctr

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 27 / 2015

Transaction ID : SA11AI.32589

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Paul Beaupre**

Mailing Address 2425 Samaritan Dr

City State Zip Code  
 San Jose CA 95124

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Good Samaritan Hosp

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 27 / 2015

Transaction ID : SA11AI.32524

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

**C. Dan Bender**

Mailing Address 606 3rd Ave W #319

City State Zip Code  
 Bradenton FL 34205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

South Bay Hospital

Occupation

COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 18 / 2015

Transaction ID : SA11AI.31928

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

## **A. Alisa Bert**

Mailing Address 510 NW 84th Ave Apt 530

City State Zip Code  
 Plantation FL 33324

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Aventura Hosp & Med Ctr

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 21 / 2015

**Transaction ID : SA11AI.32288**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Karen Bibbo**

Mailing Address 20900 Biscayne Blvd

City State Zip Code  
 Aventura FL 33180

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Aventura Hospital

Occupation

CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 21 / 2015

**Transaction ID : SA11AI.32289**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Carrie Biggar**

Mailing Address 11997 SW Bennington Ct

City State Zip Code  
 PSL FL 34987

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St Lucie Med Ctr

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 21 / 2015

**Transaction ID : SA11AI.32178**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Kathy Bobbs**

Mailing Address 109 E Peck Blvd

City  
Lafayette

State Zip Code  
LA 70508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Regional Med Ctr of Acadiana

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 27 / 2015

**Transaction ID : SA11AI.32438**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Winston Borland**

Mailing Address 6107 Mustang Trail

City  
Colleyville

State Zip Code  
TX 76034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Center Arlington

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 21 / 2015

**Transaction ID : SA11AI.32188**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Lisa Brodbeck**

Mailing Address 1469 Brookside Drive

City  
Carrollton

State Zip Code  
TX 75007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Center of Lewisville

Occupation  
CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 21 / 2015

**Transaction ID : SA11AI.32091**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

## **A. Benjamin Brown**

Mailing Address 1776 Lanier Pl NW Apt 6C

City State Zip Code  
 Washington DC 20009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Stonesprings Hospital Ctr

Occupation  
 COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 07 / 2015

Transaction ID : SA11AI.31827

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

## **B. Terry Brown**

Mailing Address 1796 Hwy 441 N

City State Zip Code  
 Okeechobee FL 34972

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Raulerson Hospital

Occupation  
 CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 18 / 2015

Transaction ID : SA11AI.31952

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

## **C. James Burrell**

Mailing Address 6565 N MacArthur Blvd  
 Ste 350

City State Zip Code  
 Irving TX 75039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 HCA N TX Div

Occupation  
 CMIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 21 / 2015

Transaction ID : SA11AI.32341

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1700.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

## **A. Steven Burroughs**

Mailing Address 13001 Southern Blvd

City State Zip Code  
 Loxahatchee FL 33470

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Palms West Hospital

Occupation  
 CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 27 2015

**Transaction ID : SA11AI.32485**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Todd Caliva**

Mailing Address 12141 Richmond Avenue

City State Zip Code  
 Houston TX 77059

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 West Houston Med Ctr

Occupation  
 CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 27 2015

**Transaction ID : SA11AI.32544**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Blair Callaway**

Mailing Address 17004 County Road 127

City State Zip Code  
 Pearland TX 77581

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Pearland Medical Center

Occupation  
 CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 27 2015

**Transaction ID : SA11AI.32480**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1800.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

## **A. Ginger Carroll**

Mailing Address 4600 SW 46th Ct

City State Zip Code  
 Ocala FL 34474

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ocala Reg Med Ctr

Occupation

CEO - WMCH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 21 / 2015

Transaction ID : SA11AI.32301

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

## **B. Nicole Castleberry**

Mailing Address 200 Chapel Creek, Apt 511

City State Zip Code  
 Mandeville LA 70471

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lakeview Regional Med Ctr

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 21 / 2015

Transaction ID : SA11AI.32075

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

## **C. Tom Collins**

Mailing Address 3320 Lovers Lane

City State Zip Code  
 Dallas TX 75225

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Green Oaks Hospital

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 21 / 2015

Transaction ID : SA11AI.32024

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1600.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 63

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Jac Connelly**

Mailing Address 20 S Ash St

City

Denver

State

CO

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rose Medical Center

Occupation

CFO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		0	7		2	0	1	5		

**Transaction ID : SA11AI.31807**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Toni Cotton**

Mailing Address 3238 Golden Eye

City

Katy

State

TX

Zip Code

77493

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kingwood Med Ctr

Occupation

CNO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		2	7		2	0	1	5		

**Transaction ID : SA11AI.32545**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Jeffrey Coulson**

Mailing Address 1409 Barclay Drive

City

Carrollton

State

TX

Zip Code

75007

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NTX Div

Occupation

AVP Decision Support

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		2	1		2	0	1	5		

**Transaction ID : SA11AI.32342**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

PAGE 17 OF 63

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Justin Coury**

Mailing Address 5050 Capitol Ave #407

City	State	Zip Code
Dallas	TX	75206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Denton Reg Med CtrOccupation  
COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	21	/	2015

Transaction ID : SA11AI.32115

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Doug Crabtree**

Mailing Address 2484 S Foothill

City	State	Zip Code
Idaho Falls	ID	83401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eastern Idaho Reg. Med. Ctr.Occupation  
Healthcare Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2015

Transaction ID : SA11AI.31947

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Sherry Cusumano**

Mailing Address 3001 Laguna Dr

City	State	Zip Code
Plano	TX	75023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Green Oaks HospOccupation  
Exec. Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	21	/	2015

Transaction ID : SA11AI.32025

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1350.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

## **A. Stephen Daugherty**

Mailing Address 170 Aston Hall

City State Zip Code  
Macon GA 31210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coliseum Health System

Occupation  
CEO - CNH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 07 / 2015

Transaction ID : SA11AI.31794

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

## **B. Ruth DePalantino**

Mailing Address 924 Myakka Ct Ne

City State Zip Code  
St. Petersburg FL 33702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Blake Medical Center

Occupation  
CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 18 / 2015

Transaction ID : SA11AI.31886

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Matt Dixon**

Mailing Address 1817 Sterling Creek Drive

City State Zip Code  
Friendswood TX 77546

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pearland Med Ctr

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 27 / 2015

Transaction ID : SA11AI.32471

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1550.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

## **A. Steven Downs**

Mailing Address 1 ARH Lane

City State Zip Code  
 Low Moor VA 24457

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LewisGale Hospital

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 27 / 2015

Transaction ID : SA11AI.32582

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

## **B. Andre DuPlessis**

Mailing Address 1719 E 19th Avenue

City State Zip Code  
 Denver CO 80218

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Presbyterian/St Luke's

Occupation

COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 07 / 2015

Transaction ID : SA11AI.31811

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. David Elgarico**

Mailing Address 101 E. Ridge Road

City State Zip Code  
 McAllen TX 78503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rio Grande Regional Hospital

Occupation

COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 27 / 2015

Transaction ID : SA11AI.32546

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 20 OF 63  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Alan Fabian**

Mailing Address 465 Mill Point Rd

City	State	Zip Code
Blacksburg	VA	24060

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LewisGale Hospital

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	27	/	2015

Transaction ID : SA11AI.32506

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**B. Brandy Farrer**

Mailing Address 2760 Summertree Dr

City	State	Zip Code
Carrollton	TX	75006

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medical Center of Lewisville

Occupation

AVP Critical Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	21	/	2015

Transaction ID : SA11AI.32092

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Kenneth Feiler**

Mailing Address 4567 E Ninth Avenue

City	State	Zip Code
Denver	CO	80220

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rose Medical Center

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	07	/	2015

Transaction ID : SA11AI.31808

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1600.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

## **A. John Finnegan**

Mailing Address 27 Lantana St

City  
Stuart

State Zip Code  
FL 34996

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Lucie Med Ctr

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 21 / 2015

**Transaction ID : SA11AI.32174**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Jake Fisher**

Mailing Address 160 Osceola Road

City  
Belleair

State Zip Code  
FL 33756

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tampa Community Hospital

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 21 / 2015

**Transaction ID : SA11AI.32328**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

## **C. Fain Folsom**

Mailing Address 2626 Capital Med Blvd

City  
Tallahassee

State Zip Code  
FL 32308

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Capital Reg Med Ctr

Occupation

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 27 / 2015

**Transaction ID : SA11AI.32609**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Dan Friedrich**

Mailing Address 7208 19th Ave NW

City State Zip Code  
 Bradenton FL 34209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Blake Medical Center

Occupation  
 CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 18 / 2015

**Transaction ID : SA11AI.31887**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Todd Gallati**

Mailing Address 9330 Medical Plaza Drive

City State Zip Code  
 Charleston SC 29406

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Trident Health Systems

Occupation  
 CEO-Trident

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 18 / 2015

**Transaction ID : SA11AI.31838**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**C. Nick Galt**

Mailing Address 4401 Booth Calloway Rd

City State Zip Code  
 NRH TX 76180

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 North Hills Hospital

Occupation  
 Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 21 / 2015

**Transaction ID : SA11AI.32261**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

## **A. Gregg Garrison**

Mailing Address 17314 Lonesome Dove

City State Zip Code  
Houston TX 77095

FEC ID number of contributing  
federal political committee.

C

Name of Employer

West Houston Med Ctr

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 27 / 2015

Transaction ID : SA11AI.32547

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Steven Gates**

Mailing Address 4934 Cape Vista Court

City State Zip Code  
Corpus Christi TX 78414

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Corpus Christi Med Ctr

Occupation

Dir Residency Programs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 21 / 2015

Transaction ID : SA11AI.32320

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Todd Gibson**

Mailing Address 1827 Rockford Ct

City State Zip Code  
Allen TX 75013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Denton Reg Med Ctr

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 21 / 2015

Transaction ID : SA11AI.32118

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

## **A. Michael Gingras**

Mailing Address 1523 Wando Landing Street

City State Zip Code  
 Charleston SC 29492

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Trident Medical Center

Occupation

CFO Trident Health System

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 18 / 2015

Transaction ID : SA11AI.31839

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Dianne Goldenberg**

Mailing Address 610 N Lakeside Dr

City State Zip Code  
 Lake Worth FL 33460

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northwest Med Ctr

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 21 / 2015

Transaction ID : SA11AI.32286

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Eric Goldman**

Mailing Address 13001 Southern Blvd

City State Zip Code  
 Loxahatchee FL 33470

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Palms West Hospital

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 27 / 2015

Transaction ID : SA11AI.32484

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Tony Gomez**

Mailing Address 7029 Loch Isle Dr

City State Zip Code  
 South Miami Lakes FL 33014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Plantation General

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 18 / 2015

Transaction ID : SA11AI.31864

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Steve Gordon**

Mailing Address 2626 Capital Med Blvd

City State Zip Code  
 Tallahassee FL 32308

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Capital Reg Med Ctr

Occupation

COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 27 / 2015

Transaction ID : SA11AI.32611

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Jeremy Gray**

Mailing Address 6030 Sterling River Way

City State Zip Code  
 Niceville FL 32578

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FWB Med Ctr

Occupation

COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 18 / 2015

Transaction ID : SA11AI.31903

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1350.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 63  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

## **A. Carol Gregory**

Mailing Address 7150 Kendallwood Dr

City State Zip Code  
 Dallas TX 75240

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NTX Div

Occupation

Division CNE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 21 / 2015

Transaction ID : SA11AI.32355

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Shawn Gregory**

Mailing Address 6500 38th Ave N

City State Zip Code  
 St. Petersburg FL 33710

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Petersburg General

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 27 / 2015

Transaction ID : SA11AI.32513

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

## **C. Charles Gressle**

Mailing Address 3901 W 15th St

City State Zip Code  
 Plano TX 75075

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Med Ctr Plano

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 21 / 2015

Transaction ID : SA11AI.32162

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1800.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Bradley Griffin**

Mailing Address 501 Robertson Blvd

City	State	Zip Code
Waltersboro	SC	29488

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Colleton Med Ctr

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	27	/	2015

**Transaction ID : SA11AI.32410**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Randy Gross**

Mailing Address 3191 NW 82nd Ave

City	State	Zip Code
Cooper City	FL	33024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Plantation General Hospital

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	18	/	2015

**Transaction ID : SA11AI.31867**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**C. Hannah Grossman**

Mailing Address 215 W Janas Rd

City	State	Zip Code
Thousand Oaks	CA	91360

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Los Robles Hospital

Occupation

CMO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	07	/	2015

**Transaction ID : SA11AI.31829**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Tim Haasken**

Mailing Address 3700 S Main Street

City

Blacksburg

State

VA

Zip Code

24060

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lewis-Gale Montgomery Regional

Occupation

CFO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		2	7		2	0	1	5		

**Transaction ID : SA11AI.32507**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Scott Hankinson**

Mailing Address 1431 SW 1st Ave

City

Ocala

State

FL

Zip Code

34471

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ocala Regional

Occupation

CFO-OHS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		2	1		2	0	1	5		

**Transaction ID : SA11AI.32304**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Tony Hayes**

Mailing Address 7101 Jahnke Road

City

Richmond

State

VA

Zip Code

23225

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CJW

Occupation

VP Business Development

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

291.62

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		1	8		2	0	1	5		

**Transaction ID : SA11AI.31946**

Amount of Each Receipt this Period

41.66

**SUBTOTAL** of Receipts This Page (optional)..... ►

891.66

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

## **A. Laurie Haynes**

Mailing Address 2809 Hawks Landing Blvd

City State Zip Code  
 Panama City FL 32405

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Gulf Coast Med Ctr

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 27 / 2015

Transaction ID : SA11AI.32526

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Holly Hill**

Mailing Address 5655 Frist Blvd

City State Zip Code  
 Hermitage TN 37076

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Summit Medical Center

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 27 / 2015

Transaction ID : SA11AI.32392

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

## **C. Nancy Hill**

Mailing Address 4401 Booth Calloway Rd

City State Zip Code  
 N Richland Hills TX 76180

FEC ID number of contributing  
federal political committee.

C

Name of Employer

North Hills

Occupation

COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 21 / 2015

Transaction ID : SA11AI.32262

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1300.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Nancy Hilton**

Mailing Address 3213 SE Braemar Way

City	State	Zip Code
Pt St Lucie	FL	34952

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Lucie Medical CenterOccupation  
CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	21	/	2015

Transaction ID : SA11AI.32177

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. James III Hiott**

Mailing Address 310 Silverhill Rd

City	State	Zip Code
Walterboro	SC	29488

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Colleton Medical CenterOccupation  
CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	27	/	2015

Transaction ID : SA11AI.32409

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Michelle Hodges**

Mailing Address 4072 SE 43rd Cir

City	State	Zip Code
Ocala	FL	34480

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ocala Health

Occupation  
Service Line Admin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	27	/	2015

Transaction ID : SA11AI.32481

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1200.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

## **A. Penny Hutson**

Mailing Address 108 Acres Drive

City State Zip Code  
 Youngsville LA 70592

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Women's & Children's Hospital

Occupation  
 CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 27 2015

**Transaction ID : SA11AI.32453**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

## **B. Holly Jackson**

Mailing Address 3208 Azalea Cir

City State Zip Code  
 Lynn Haven FL 32444

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Gulf Coast Reg Med Ctr

Occupation  
 COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 27 2015

**Transaction ID : SA11AI.32542**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

## **C. Marsha Jamison**

Mailing Address 1102 Glen Wilton Road

City State Zip Code  
 Eagle Rock VA 24085

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 LewisGale Alleghany

Occupation  
 CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 27 2015

**Transaction ID : SA11AI.32588**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
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 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

**A. Theresa Jefferson**

Mailing Address 1011 Tranquiview Lane

City	State	Zip Code
Valrico	FL	33594

FEC ID number of contributing federal political committee.

C

Name of Employer

South Bay Hospital

Occupation

CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2015

Transaction ID : SA11AI.31930

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Kevin Johnson**

Mailing Address 1000 E 100 N

City	State	Zip Code
Payson	UT	84651

FEC ID number of contributing federal political committee.

C

Name of Employer

Mountain View Hospital

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	07	/	2015

Transaction ID : SA11AI.31816

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Tamara Johnson**

Mailing Address 2209 Jaguar Drive

City	State	Zip Code
Frisco	TX	75034

FEC ID number of contributing federal political committee.

C

Name of Employer

Green Oaks Hosp.

Occupation

Exec. Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	21	/	2015

Transaction ID : SA11AI.32031

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1100.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Anna Jonason**

Mailing Address PO Box 428

City

Goose Creek

State

SC

Zip Code

29445

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Colleton Medical Center

Occupation

CNO

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	7		2	0	1	5

**Transaction ID : SA11AI.32406**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Lance Jones**

Mailing Address 350 Hospital Drive

City

Macon

State

GA

Zip Code

31217

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coliseum Health System

Occupation

CEO - CMC

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	1	5

**Transaction ID : SA11AI.31782**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Marcille Jorgenson**

Mailing Address 9330 Medical Plaza Drive

City

Charleston

State

SC

Zip Code

29406

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Trident Health

Occupation

CNO Trident Med Ctr

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	1	5

**Transaction ID : SA11AI.31843**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1350.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

## **A. Denise Kendust**

Mailing Address 1000 Mar Walt Dr

City State Zip Code  
 FWB FL 32547

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FWBMC

Occupation

Dir. Mkt.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 18 / 2015

Transaction ID : SA11AI.31911

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

## **B. Lorna Kernizan**

Mailing Address 1400 Nw 12th Avenue

City State Zip Code  
 Miami FL 33136

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cedars Medical Center

Occupation

Healthcare

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 21 / 2015

Transaction ID : SA11AI.32294

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

## **C. Heath King**

Mailing Address 211 Greenview Terr

City State Zip Code  
 Macon GA 31220

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coliseum Health System

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 07 / 2015

Transaction ID : SA11AI.31777

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

900.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Bret G. Kolman**

Mailing Address 95 Judge Tanner Blvd

City State Zip Code  
Covington LA 70433

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lakeview Regional Med Ctr

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 21 / 2015

**Transaction ID : SA11AI.32072**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**B. Jeff Kurcab**

Mailing Address 2400 Lee Highway

City State Zip Code  
Pulaski VA 24301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LewisGale Hospital Pulaski

Occupation  
CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 27 / 2015

**Transaction ID : SA11AI.32465**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Robert Lee**

Mailing Address 1796 Hwy 441 N

City State Zip Code  
Okeechobee FL 34972

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Raulerson Hospital

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 18 / 2015

**Transaction ID : SA11AI.31951**

Amount of Each Receipt this Period

750.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1850.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Jill C. Leone**

Mailing Address 3094 Hugo Lane

City

Tallahassee

State

FL

Zip Code

32311

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Capital Reg Med Ctr

Occupation

CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 27 / 2015

**Transaction ID : SA11AI.32613**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Trent Lind**

Mailing Address 1004 Pauline Ave

City

Bellaire

State

TX

Zip Code

77401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Texas Orthopedic

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 18 / 2015

**Transaction ID : SA11AI.31945**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**C. Kristen Lindenboom-Watabe**

Mailing Address 2609 ne 26th ave

City

Ft. Lauderdale

State

FL

Zip Code

33306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Plantation General

Occupation

COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 18 / 2015

**Transaction ID : SA11AI.31868**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

## **A. Ellen Linkenhoker**

Mailing Address 3700 S Main St

City State Zip Code  
 Blacksburg VA 24060

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Montgomery Regional

Occupation

Asst CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 27 / 2015

Transaction ID : SA11AI.32509

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

## **B. Ernest Lynch**

Mailing Address 3329 Laurel Fork Dr

City State Zip Code  
 McKinney TX 75070

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medical Center of McKinney

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 21 / 2015

Transaction ID : SA11AI.32239

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. John Marker**

Mailing Address 4600 Ambassador Caffery Pkwy

City State Zip Code  
 Lafayette LA 70508

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Regional Med Ctr of Acadiana

Occupation

CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 27 / 2015

Transaction ID : SA11AI.32450

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1850.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

## **A. Michael Martin**

Mailing Address 6565 N MacArthur Blvd, Ste 350

City State Zip Code  
 Irving TX 75039

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCA N TX DIV

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 21 / 2015

**Transaction ID : SA11AI.32335**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

## **B. Matt Mathias**

Mailing Address 3700 South Main St

City State Zip Code  
 Blacksburg VA 24060

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LewisGale Hosp

Occupation

COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 27 / 2015

**Transaction ID : SA11AI.32508**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

## **C. Holly McGucken**

Mailing Address 1000 Mar Walt Dr

City State Zip Code  
 FWB FL 32547

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ft. Walton Beach Med Ctr

Occupation

CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 18 / 2015

**Transaction ID : SA11AI.31914**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

## **A. Melissa McLeroy**

Mailing Address 3901 W 15th Street

City State Zip Code  
 Plano TX 75075

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Med Ctr of Plano

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 21 / 2015

Transaction ID : SA11AI.32163

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

## **B. Randall McVay**

Mailing Address 4622 SE 12th Ave

City State Zip Code  
 Ocala FL 34480

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ocala Health

Occupation

CEO-OHS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 21 / 2015

Transaction ID : SA11AI.32305

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Bob Meade**

Mailing Address 1355 Bayshore Drive

City State Zip Code  
 Englewood FL 34223

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Doctors Hospital

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 18 / 2015

Transaction ID : SA11AI.31956

Amount of Each Receipt this Period

750.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Brian Melear**

Mailing Address 1674 SW 22nd Terrace

City State Zip Code  
 Okeechobee FL 34974

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Raulerson Hospital

Occupation

CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 18 / 2015

**Transaction ID : SA11AI.31953**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. James (RMCA) Miller**

Mailing Address 2810 Ambassador Caffery Pkwy

City State Zip Code  
 Lafayette LA 70526

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Regional Med Ctr Acadiana

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 07 / 2015

**Transaction ID : SA11AI.31826**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Irfan Mirza**

Mailing Address 661 Ridgewood Lane

City State Zip Code  
 Plantation FL 33317

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Plantation General Hospital

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 07 / 2015

**Transaction ID : SA11AI.31825**

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

440.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Irfan Mirza**

Mailing Address 661 Ridgewood Lane

City State Zip Code  
Plantation FL 33317

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Plantation General Hospital

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 27 / 2015

**Transaction ID : SA11AI.32543**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Kathy Mitchell**

Mailing Address 4469 Caicos Court

City State Zip Code  
Sarasota FL 34233

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Doctors

Occupation

CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 18 / 2015

**Transaction ID : SA11AI.31957**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Mitchell Mongell**

Mailing Address 1000 Mar Walt Dr

City State Zip Code  
FWB FL 32547

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FWB Med Ctr

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 18 / 2015

**Transaction ID : SA11AI.31915**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1390.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Jeffrey Moore**

Mailing Address 1000 Mar Walt Dr

City State Zip Code  
 FWB FL 32547

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FWB Med Ctr

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 18 / 2015

Transaction ID : SA11AI.31916

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Randolph 'Randy' Moresi**

Mailing Address 4809 Woodcreek Ct

City State Zip Code  
 NRH TX 76180

FEC ID number of contributing  
federal political committee.

C

Name of Employer

North Hills Hospital

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 21 / 2015

Transaction ID : SA11AI.32265

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**C. Natalie Mussi**

Mailing Address 215 W Janss Rd

City State Zip Code  
 Thousand Oaks CA 91360

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Los Robles Hosp & MC

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 07 / 2015

Transaction ID : SA11AI.31831

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Chris Nicosia**

Mailing Address 204 Walden Dr

City State Zip Code  
 Portland TX 78374

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Corpus Christi Med Ctr

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 21 / 2015

Transaction ID : SA11AI.32317

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Caleb O'Rear**

Mailing Address 3908 Bates Rd

City State Zip Code  
 Plano TX 75093

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Denton Regional

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 21 / 2015

Transaction ID : SA11AI.32126

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**C. Art Osberg**

Mailing Address 1431 SW 1st Ave

City State Zip Code  
 Ocala FL 34471

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ocala Reg Med Ctr

Occupation

CMO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 21 / 2015

Transaction ID : SA11AI.32295

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Kathleen Pace**

Mailing Address 235 Fiesole St

City

Venice

State

FL

Zip Code

34285

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Doctors Hospital

Occupation

healthcare

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 21 / 2015

Transaction ID : SA11AI.32312

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Omar Pineda**

Mailing Address 146 Turkey Creek Drive

City

Aledo

State

TX

Zip Code

76008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medical Center of Arlington

Occupation

CNO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 21 / 2015

Transaction ID : SA11AI.32202

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. William Mark Rader**

Mailing Address 24128 Grand Ellison Court

City

Aldie

State

VA

Zip Code

20105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

StoneSprings Hosp Ctr

Occupation

CEO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 21 / 2015

Transaction ID : SA11AI.32367

Amount of Each Receipt this Period

750.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

## **A. Angela Reynolds**

Mailing Address 185 Island Green Road

City State Zip Code  
Daleville VA 24083

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lewis Gale Med. Ctr.

Occupation  
CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 27 / 2015

Transaction ID : SA11AI.32590

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Zadie Rivard**

Mailing Address 2851 Longleaf Rd

City State Zip Code  
Panama City FL 32405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gulf Coast Med Ctr

Occupation  
Adm Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 27 / 2015

Transaction ID : SA11AI.32530

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

## **C. Mark Robinson**

Mailing Address 706 N Forest Dr

City State Zip Code  
Tallahassee FL 32303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Capital Reg Med Ctr

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 27 / 2015

Transaction ID : SA11AI.32618

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1800.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

## **A. Nicki Roderman**

Mailing Address 5741 Lois Lane

City State Zip Code  
 Plano TX 75024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Denton Reg Med Ctr

Occupation  
 CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 21 / 2015

Transaction ID : SA11AI.32127

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Matthew Romero**

Mailing Address 11375 Cortez Blvd

City State Zip Code  
 Brooksville FL 34613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Oak Hill Hospital

Occupation  
 CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 18 / 2015

Transaction ID : SA11AI.31900

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

## **C. Sharon Roush**

Mailing Address 17920 Burnt Oak Lane

City State Zip Code  
 Lithia FL 33547

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 South Bay Hospital

Occupation  
 CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 18 / 2015

Transaction ID : SA11AI.31934

Amount of Each Receipt this Period

750.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1550.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Aaron Rowe**

Mailing Address 11013 Turtle Creek Ln.

City State Zip Code  
 Frisco TX 75035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Green Oaks Hospital

Occupation  
 Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 21 / 2015

Transaction ID : SA11AI.32249

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Kathleen Rubano**

Mailing Address 13606 Catamaran Dr

City State Zip Code  
 Corpus Christi TX 78418

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Corpus Christi Med Ctr

Occupation  
 CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 21 / 2015

Transaction ID : SA11AI.32321

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**C. Jim Russell**

Mailing Address 430 Cooper Circle

City State Zip Code  
 Lantana TX 76226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Med Ctr of Lewisville

Occupation  
 COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 21 / 2015

Transaction ID : SA11AI.32093

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

## **A. Kevin Samrow**

Mailing Address 95 Judge Tanner Blvd

City State Zip Code  
 Covington LA 70433

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lakeview Regional Med Ctr

Occupation

COO (interim)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 21 / 2015

**Transaction ID : SA11AI.32073**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

## **B. Troy Sarver**

Mailing Address 8006 Laguna Springs Ct

City State Zip Code  
 Houston TX 77095

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Texas Orthopedic Hosp

Occupation

CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 18 / 2015

**Transaction ID : SA11AI.31941**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

## **C. Phillip Sensing**

Mailing Address 2415 Valrico Forest Drive

City State Zip Code  
 Valrico FL 33594

FEC ID number of contributing  
federal political committee.

C

Name of Employer

South Bay Hospital

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 18 / 2015

**Transaction ID : SA11AI.31938**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Kevin Shea**

Mailing Address 4259 Club Course Drive

City	State	Zip Code
N Charleston	SC	29420

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Trident Health

Occupation

CMO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2015

Transaction ID : SA11AI.31850

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Kathy Sheets**Mailing Address 6565 N MacArthur Blvd  
Suite 350

City	State	Zip Code
Irving	TX	75039

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCA N TX DIV

Occupation

VP Physician Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	21	/	2015

Transaction ID : SA11AI.32345

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**c. Linda Shepherd**

Mailing Address 2400 Lee Highway

City	State	Zip Code
Pulaski	VA	24301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LewisGale Hospital Pulaski

Occupation

CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	27	/	2015

Transaction ID : SA11AI.32466

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1200.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Susan Shreeve**

Mailing Address 6715 Stefanie Drive

City	State	Zip Code
Dallas	TX	75225

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Med City Dallas

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	21	/	2015

Transaction ID : SA11AI.32218

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Divya Shroff**

Mailing Address 2300 Patterson Street

City	State	Zip Code
Nashville	TN	37203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TriStar Centennial Med Ctr

Occupation

CMO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	07	/	2015

Transaction ID : SA11AI.31812

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Ryan Simpson**

Mailing Address 474 Pine Flower Ct

City	State	Zip Code
Highlands Ranch	CO	80126

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Med. Ctr. of Aurora

Occupation

COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	07	/	2015

Transaction ID : SA11AI.31813

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Ann Smith**

Mailing Address 2626 Capital Med Blvd

City

Tallahassee

State

FL

Zip Code

32308

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Capital Regional

Occupation

CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 27 / 2015

**Transaction ID : SA11AI.32619**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. T. Andrew Smith**

Mailing Address 8304 Haven Harbour Way

City

Bradenton

State

FL

Zip Code

34212

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Petersburg General

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 18 / 2015

**Transaction ID : SA11AI.31897**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. William Smitham**

Mailing Address 6565 N MacArthur Blvd

City

Irving

State

TX

Zip Code

75039

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCA N TX DIV

Occupation

VP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 21 / 2015

**Transaction ID : SA11AI.32347**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

## **A. Tracey Smithson**

Mailing Address 4401 Booth Calloway Rd

City State Zip Code  
 N Richland Hills TX 76180

FEC ID number of contributing  
federal political committee.

C

Name of Employer

North Hills Hospital

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 21 / 2015

Transaction ID : SA11AI.32272

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Stephen Stoops**

Mailing Address 8640 Farthington Way

City State Zip Code  
 Orlando FL 32827

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Osceola Reg Med Ctr

Occupation

CMO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 21 / 2015

Transaction ID : SA11AI.32279

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Kathleen Sweeney**

Mailing Address 1308 Briar Ridge Dr

City State Zip Code  
 Keller TX 76248

FEC ID number of contributing  
federal political committee.

C

Name of Employer

North Hills Hospital

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 21 / 2015

Transaction ID : SA11AI.32348

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Paulina Tam**

Mailing Address 6001 Webb Rd

City State Zip Code  
Tampa FL 33615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tampa Comm Hosp

Occupation  
VP of Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 21 / 2015

**Transaction ID : SA11AI.32329**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Ryan Tobin**

Mailing Address 4567 E 9th Ave

City State Zip Code  
Denver CO 80220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rose Medical Ctr

Occupation  
COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 07 / 2015

**Transaction ID : SA11AI.31810**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Khang Tran**

Mailing Address 3901 W 15th Street

City State Zip Code  
Plano TX 75075

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Center of Plano

Occupation  
CMO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 21 / 2015

**Transaction ID : SA11AI.32138**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

900.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

PAGE 54 OF 63

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

## **A. Charlotte Tyson**

Mailing Address 1900 Electric Rd

City State Zip Code  
 Salem VA 24153

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Lewis-Gale Medical Center

Occupation  
 CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 27 / 2015

Transaction ID : SA11AI.32581

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

## **B. R. Carlton Ulmer**

Mailing Address 3731 Preserve Bay Blvd

City State Zip Code  
 Panama City FL 32408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Gulf Coast Med Ctr

Occupation  
 CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 27 / 2015

Transaction ID : SA11AI.32527

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Lisa Valentine**

Mailing Address 295 O'Sullivan Lane

City State Zip Code  
 Summerville SC 29485

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Summerville Med Ctr

Occupation  
 CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 18 / 2015

Transaction ID : SA11AI.31856

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 55 OF 63

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Derek Vance**

Mailing Address 8336 Augusta National Drive

City	State	Zip Code
Fairlawn	VA	24141

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LewisGale Hospital Pulaski

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	27	/	2015

Transaction ID : SA11AI.32467

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**B. Tama Van Decar**

Mailing Address 1000 Mar Walt Dr

City	State	Zip Code
FWB	FL	32547

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FWB Medical Center

Occupation

CMO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2015

Transaction ID : SA11AI.31924

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Troy Villarreal**

Mailing Address 8277 Stone River Drive

City	State	Zip Code
Frisco	TX	75034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Medical Center of Plano

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	21	/	2015

Transaction ID : SA11AI.32231

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

2250.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 56 OF 63

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Lynne Wagner**

Mailing Address 4567 E 9th Ave.

City	State	Zip Code
Denver	CO	80220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rose Medical CenterOccupation  
CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	07	/	2015

Transaction ID : SA11AI.31809

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Doug Welch**

Mailing Address 613 Invicto Avenue

City	State	Zip Code
Evans	GA	30809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Doctors Hospital AugustaOccupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	21	/	2015

Transaction ID : SA11AI.32053

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Heyward Wells**

Mailing Address 2372 Sylvan Grove Road

City	State	Zip Code
Stanton	GA	30823

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Doctors Hospital AugustaOccupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	21	/	2015

Transaction ID : SA11AI.32065

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Janet White**

Mailing Address 2626 Capital Medical Blvd

City

Tallahassee

State

FL

Zip Code

32308

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Capital Reg Med Ctr

Occupation

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 27 / 2015

**Transaction ID : SA11AI.32623**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Jeffrey T. Whitehorn**

Mailing Address 9442 Highwood Hill Road

City

Brentwood

State

TN

Zip Code

37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Summit Medical Center

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 27 / 2015

**Transaction ID : SA11AI.32382**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Pam Whitley**

Mailing Address 966 Rustic Cir.

City

Dallas

State

TX

Zip Code

75218

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Green Oaks Hospital

Occupation

CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 21 / 2015

**Transaction ID : SA11AI.32048**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 58 OF 63

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. William Widham**

Mailing Address 5745 Bozeman Dr #8326

City State Zip Code  
 Plano TX 75024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Med Ctr McKinney

Occupation

COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 21 / 2015

Transaction ID : SA11AI.32243

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**B. Virgil Winslow**

Mailing Address 9302 Tomdon Ct

City State Zip Code  
 Houston TX 77095

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Texas Orthopedic

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 18 / 2015

Transaction ID : SA11AI.31942

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Jay Woodall**

Mailing Address 2 Ocean Park Dr

City State Zip Code  
 Corpus Christi TX 78404

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Corpus Christi Med Ctr

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 21 / 2015

Transaction ID : SA11AI.32316

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 59 OF 63

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

## **A. Monica Zeis**

Mailing Address 4600 SW 46th Ct

City State Zip Code  
 Ocala FL 34474

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ocala Health

Occupation

CNO - West Marion

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 21 2015

**Transaction ID : SA11AI.32302**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

## **B. Keith Zimmerman**

Mailing Address 6708 Park Lane

City State Zip Code  
 Dallas TX 75225

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medical City Dallas

Occupation

CDO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 21 2015

**Transaction ID : SA11AI.32238**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1100.00

84571.66

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 60 OF 63

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. CASTRO FOR CONGRESS**

Mailing Address PO BOX 544

City	State	Zip Code
SAN ANTONIO	TX	78292

Purpose of Disbursement  
fund raiser

Candidate Name

**JOAQUIN MR. CASTRO**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 20

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2015

**Transaction ID : SB23.32630**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. CHUCK FLEISCHMANN FOR CONGRESS COMMITTEE, INC.**Mailing Address P.O. Box 11091  
SUITE 1000 JAMES BUILDING

City	State	Zip Code
Chattanooga	TN	37401

Purpose of Disbursement  
fund raiser

Candidate Name

**CHARLES J FLEISCHMANN**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2015

**Transaction ID : SB23.32627**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. CHUCK FLEISCHMANN FOR CONGRESS COMMITTEE, INC.**Mailing Address P.O. Box 11091  
SUITE 1000 JAMES BUILDING

City	State	Zip Code
Chattanooga	TN	37401

Purpose of Disbursement  
fund raiser

Candidate Name

**CHARLES J FLEISCHMANN**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TN District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2015

**Transaction ID : SB23.32628**

Amount of Each Disbursement this Period

2500.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 61 OF 63

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Gene Green Congressional Campaign**

Mailing Address 2335 Rayburn House Office Bldg.

City	State	Zip Code
Washington	DC	20515

Purpose of Disbursement  
fund raiser

Candidate Name

**Gene Green Congressional Campaign**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 29

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2015

**Transaction ID : SB23.32632**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. TEXANS FOR HENRY CUELLAR CONGRESSIONAL CAMPAIGN**Mailing Address 1519 WASHINGTON STREET  
2ND FLOOR, SUITE 200

City	State	Zip Code
LAREDO	TX	78042

Purpose of Disbursement  
fund raiser

Candidate Name

**HENRY R. CUELLAR**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 28

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2015

**Transaction ID : SB23.32631**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2000.00
---------

8000.00
---------

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 62 OF 63

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Erol Akdamar**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2015

Mailing Address 6565 N MacArthur Blvd  
Ste 350

City Irving State TX Zip Code 75039

Purpose of Disbursement  
Returned check frozen/blocked acct

Candidate Name

Category/  
Type**Transaction ID : SB28A.32636**

Amount of Each Disbursement this Period

1200.00

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼**SUBTOTAL** of Disbursements This Page (optional)..... ►

1200.00

**TOTAL** This Period (last page this line number only)..... ►

1200.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 63 OF 63

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Conway-Overly for Kentucky**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2015

Mailing Address 221 S Hurstbourne Pkwy, Suite 105

City	State	Zip Code
Louisville	KY	40222

Purpose of Disbursement  
fund raiser

Candidate Name

**Conway-Overly for Kentucky**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2015

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type**Transaction ID : SB29.32633**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Conway-Overly for Kentucky**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2015

Mailing Address 221 S Hurstbourne Pkwy, Suite 105

City	State	Zip Code
Louisville	KY	40222

Purpose of Disbursement  
fund raiser

Candidate Name

**Conway-Overly for Kentucky**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2015

☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Category/  
Type**Transaction ID : SB29.32635**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00
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2000.00
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